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ABSTRACT

The booklet is designed to help people interested in babysitting for children with special needs. A brief explanation of each of the four disabilities covered by this guide (autism, cerebral palsy, epilepsy, and mental retardation) is followed by a checklist designed to elicit information on practical issues from parents, such as communication methods, special routines, preferences, medication, special handling, play positions, seizure activity, sleep, feeding, behavior problems, and special equipment. The booklet concludes with general babysitting tips about safety and first aid. (CL)

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Babysitting for Special Children

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Tips on caring for a child with autism, cerebral palsy, epilepsy or mental retardation.

Babysitting for any child is a big responsibility. You are in charge of his/her physical and emotional well-being and safety while the parents are away. If the child has a developmental disability (autism, cerebral palsy, epilepsy or mental retardation), he/she is likely to have other needs that must also be met.

This booklet has been prepared to help you feel comfortable while caring for a person with one of these conditions. The most important thing is to treat the person like anyone else in your care.

All children have the same basic needs and wants. But if you know a few things about the effects of each disability, your job will be easier. For example, if you know how to react to a seizure, or how to position an infant with cerebral palsy for feeding, you'll feel much more confident in dealing with the child.

Parents will be able to answer most of your questions about their child. But you'll need basic information on the child's condition, and you'll want to ask specific questions about his/her care. General information on epilepsy, cerebral palsy, autism and mental retardation is given on the following pages. Then there's a list of some things you'll want to discuss with the parents of one of these special children.

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Autism

If a child has autistic-like behavior, he or she will seem withdrawn and will have communication problems. Many have behavior problems too.

Nowadays, medical researchers think that autism is caused by a brain disorder which makes it harder for people to communicate, socialize and learn. Autistic-like people feel confused by happenings in the world around them, and their confusion makes them cling to familiar things, such as toys or other objects. Rigid routines and set ways of doing things help autistic children cope with the world. The very fact that you are there with the child has changed his or her schedule, and the child may get upset or totally ignore your attempts to be friendly. Be patient and realize that it may take a while for the child to get used to you.

If you are asking a child to do something, be sure to give directions one step at a time. Instead of telling a child to go to the closet and get a coat, for example, tell him/her to go to the closet (and you go too) and then tell or show him/her how to get the coat.

Many people do not understand why autistic-like people act as they do. People often mistakenly assume that they are deaf, mentally retarded or socially immature.

There are no medical tests to detect autism, but doctors have listed these general characteristics:

- difficulty in relating to others
- problems with speech
- hyperactivity or extreme lack of activity
- difficulty in adjusting to changes in routines
- repetitive movements such as rocking or arm waving

Although these are the general signs of the disability, it's important to remember that each autistic person is different. Some are more severely affected than others, and many have other disabilities as well.

Autism Checklist

Parents can help you provide better care for their child by telling you about the child's communication and behavior patterns, likes and dislikes, and how he or she relates to people. The following list will help you ask some important questions.

- Does the child have any unusual communication patterns? Any special words or signals?
- How does the child react to others?
- Are there any special routines (for meals or bedtime)?
- Are there likely to be behavior problems? If so, how should they be handled?
- Is there a specific bathroom routine?
- Does the child have any unusual fears?
- What preferences does the child have for
  - Toys?
  - Foods?
  - Activities?
- Does the child take any medication? If so, when should it be given? How much? Is there a special routine?

Cerebral Palsy

Cerebral Palsy is a condition caused by damage to the part of the brain which controls and coordinates muscular action.

In addition to poor muscle control and coordination, there might also be seizures, mental retardation or problems with sight, hearing or speech. Just because a person has cerebral palsy, however, it doesn't mean that he or she is mentally retarded.

What causes cerebral palsy?

Any damage to the brain may cause cerebral palsy. One cause is an insufficient amount of oxygen reaching the infant's brain at birth. Other causes may be poor health of the mother, infection of the mother with German measles or other viruses in early pregnancy, or blood type incompatibility. Cerebral palsy is often associated with premature births. Poor nutrition, drug abuse or smoking by a pregnant woman may also be factors. In early childhood, diseases such as meningitis and encephalitis can cause cerebral palsy. Trauma from accidents and child abuse may also be causes.

Can it be cured?

There is no cure for cerebral palsy, but each child can be helped to achieve maximum growth and development, sometimes through special education, and physical, speech or hearing therapy. Certain medications, surgery and braces are used in some cases to improve nerve and muscle coordination or to prevent or correct deformity. Treatment varies with the child's age and with the type and severity of the disorder.

Progress is being made in the area of prevention. Vaccines against German measles, early identification of high risk fetuses, and better pre- and post-natal care are helping to reduce the number of cases of cerebral palsy.

Cerebral Palsy Checklist

Be relaxed. Remember that children with cerebral palsy are children first, although they may have some special needs. The following areas might be checked with the parents—depending on the severity of the child's handicap.

Special Handling

- How do I pick up this child?
- What special instructions are there as to carrying him/her?

Feeding

- How much can the child be expected to do for him/herself?
- Are there special utensils that must be used? Special instructions on bite size or food consistency? Positioning of child?
- Is the child likely to choke? What should I do?

Bathroom

- How is this best handled? Is the child on schedule? Will he/she let me know? Is help needed?

Play

- What position is most comfortable for the child? Are pillows or bolsters needed?
- Are there any special toys?

General

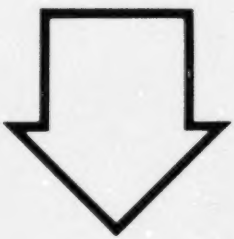
- What special equipment is used for this child? How does it operate?
- Does the child have understandable speech? If not, what special signs does he/she use? Does he/she use a communication board?
- Are there other medical problems I should know about?

Epilepsy

The child with epilepsy usually should not be treated differently than anyone else. If a seizure occurs while you're caring for a child, don't panic. Although seizures may look painful, *they are not!*

It may be helpful to the parents or doctor if you (1) time the seizures, (2) observe the parts of the body that are affected, and (3) remain calm and reassuring. If a seizure lasts longer than a few minutes, call the number the parents left for you.

Here's information on the various kinds of seizures.



Grand Mal Seizures

During a convulsion or grand mal seizure, the person may fall to the ground and the body may jerk violently. Saliva may bubble from the mouth, the person may turn bluish, and he/she may lose bladder or bowel control.

Care:

1. *Keep calm. There is nothing you can do to stop a seizure once it has begun!*
2. Ease the person to the floor. Put something soft under the head. Don't try to restrain the person.
3. Remove nearby objects that could injure the person.
4. *Don't force anything between the teeth.*
5. Turn the head to one side to release saliva when the body is at rest.
6. Let the person rest afterward, if necessary, then encourage him/her to resume activities.

Psychomotor Seizures

Different people do different things when they have psychomotor seizures. They may pick at their clothes, smack their lips, wander aimlessly, appear to be chewing, or seem "spaced out." This kind of seizure can last several minutes or longer.

Care:

1. Don't try to restrain movement. Stay with the person or follow him/her, and remove objects that could injure him/her.

2. The person may seem to know what is happening but is actually unaware of what is going on. Speak calmly and quietly to see if the person will respond.

3. The person will be confused afterward and will not remember what he/she has done. Encourage him/her to resume activities.

Petit Mal Seizures

Petit mal or absence seizures last only a few seconds but can occur frequently. Some characteristics are blank staring, head dropping, rapid eye blinking or day dreaming.

Care: No special care is needed. Be aware that the person may not hear you if you speak to him/her during a petit mal seizure.

Be sure to give medication only as instructed.

Remember to treat the person with epilepsy just like anyone else!

Epilepsy Checklist

Parents can help you feel more comfortable caring for their child if they will explain the seizure problem to you. They should answer any of the following questions that apply:

- What kind of seizures does the child have?
- Describe the behavior of the child during a seizure.
- How often do seizures occur? Under what circumstances is one likely to occur?
- What should you do if the child has a seizure?
  - Care to be taken
  - Who should be called (if anyone)
- Is the child on medication? How much is given? How often? Does the child take it on his/her own? If so, does he/she need to be reminded to take it?
- How will other family members react to a seizure—with jealousy, fear, or matter-of-factly?

Mental Retardation

Persons who are mentally retarded are limited in their ability to learn. Some are further handicapped by other disabilities.

Most people who are mentally retarded are only mildly affected. They are very similar to non-retarded persons. Given proper training, most can work in competitive jobs and live independent adult lives.

What causes mental retardation?

Social or environmental conditions are factors in many cases. For example, lack of stimulation for an infant or a poor diet can contribute to the condition. Much of this kind of retardation can be reversed by changing the conditions which helped cause it.

Some of the medical causes are genetic and chemical imbalances, poor diet of the mother during pregnancy, damage to the brain or spinal cord, or lead poisoning. Premature infants, as well as children born to women over 35 years of age, are especially vulnerable.

With special help, people who are mentally retarded can develop their potential and become more independent. For example, special help could mean job training, special education, or being able to live in a group home.

Genetic counseling, early identification of high-risk fetuses, vaccines and other measures are helping prevent many cases of mental retardation.

It's important to remember that people who are mentally retarded have the same hopes, wants and emotions as non-retarded persons.

Mental Retardation Checklist

General Hints

- Keep sentences short and simple. Talk to the child at his/her level of understanding. Don't use baby talk.
- Be sure child is familiar with you before parents leave.
- Be positive and patient. Let the child do as much for him/herself as possible.
- Don't ignore other children. Try to divide your time equally. Include all children in activities.

Questions to consider:

Communication

- Does the child have difficulty communicating? If so, what approaches work best?

  1. Should you always use a certain gesture with a certain word?
  2. Does the child use a talking board? sign language? eyes?
  3. Are there words that you might not understand? ex. "ba" for bathroom, "wa" for water
  4. What is the person's general level of understanding?

Medication

- Does the child take any medication? If so, where is it kept? when is it given?
- Does the child take it on his/her own?
- Is the child rewarded for taking it?

Sleep

- Is there a special bedtime routine?

Bathroom

- Do I need to remind the child to use the bathroom? Can he/she go alone or is assistance needed?

Behavior Problems

- What should I do if the child throws a temper tantrum?

Feeding

- How much can the child do for him/herself?
- Are special utensils needed?
- How much is the child likely to eat?
- Is choking a problem?

Special Equipment

- What special equipment is used? How does it work?

General Babysitting Tips

It's a good idea to get to know the children you're caring for before the parents leave you alone with them. If the parents agree, plan to arrive an hour early to give the children time to get used to you. Some parents may want you to come the day before you sit, maybe at mealtime or some other time when you can see the family's routine. It will be less traumatic for them (and you) when the parents leave if the children have had a chance to meet you.

Ask the parents to write down guidelines or any special instructions. With a new family, it's especially good to have the information to help you remember what the parents said about:

- names and nicknames of children
- bed time and sleeping arrangements
- bathroom routines
- places that are off-limits to children
- TV rules for children
- favorite activities or toys
- special habits or problems (such as fear of the dark)

Of course you'll want to have the following phone numbers written down too:

- where parents can be reached
- family doctor
- close family friend or neighbor
- police department
- fire department

Safety

The physical safety of the children should be your primary concern. Keep a friendly eye on them all of the time. Don't wait for things to happen. Be alert and take steps to prevent accidents.

Check on danger zones around the house. Be sure the children are away from a hot stove, electrical plugs and cords, appliances, knives and cleaning materials. Keep young fingers away from electrical outlets.

Outside, keep children away from sharp or pointed garden tools, lawn mowers and other equipment.

Realize that even play equipment can be dangerous. Teeter-totters can come down on a child's head, for example, or a swing can hit a child standing too close. Be alert to cars and moving bikes.

First Aid

Whenever the situation looks like it might be serious, get in touch with the parents or a doctor at once.

Here are some suggestions for common problems.

Nosebleed

Have the child sit or lie down with the head back. Pinch the nostril together for 5-10 minutes.

A wet, cold towel over the nose and face may also help. When you stop pinching the nostrils, let the child rest for at least 10 minutes before resuming play. Call the parents if you can't stop the bleeding in about 10 minutes.

Bruises or cuts with bleeding

Put a clean, thick cloth over the wound. Press to stop the bleeding. Call the parents if it's serious.

Burn

If it's a light burn, simply run cold water over it. If it's deep or covers a large part of the body, keep the child quiet and get help at once. Don't pull off scorched clothing.

Choking

If a child starts coughing, leave him/her alone to see if the object will dislodge itself. If the child stops breathing or can't speak to you, turn him/her upside down and slap quickly between the shoulder blades 4 times. If the child is breathing at all and can cough or speak, call an ambulance, but don't do anything else. Watch carefully for any changes.

Animal bite

Wash the wound thoroughly. If the skin has been broken, call the parents or a doctor. They will need to know where to find the animal to watch for rabies.

Poisons

If a child has swallowed a poison, no matter how little, call the poison control center at once. Read the container that held the poison to see if it tells what to do if some is swallowed. Call the parents.

Something in the eye

Tell the child to blink quickly so a tear will wash it out. Don't let him/her rub the eye. If the particle does not come out, call a doctor. Don't try to remove it yourself!

When the parents return, discuss any problems you had. Tell them how you handled any situation that you weren't sure of, and ask them how they would have handled it. Parents will appreciate your concern.

— NOTES —

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